

TREATMENT UPDATE TO DCFS

FOR CHILDREN IN NEED OF URGENT MENTAL HEALTH SERVICES

Client Name: _____ Date of Birth: _____ Case#: _____
 Referred by (DCFS office): _____ Referral Date: _____
 Referring DMH Co-Located Staff: _____ Phone: _____
 Mental Health Agency Providing the Services Listed Below: _____

SERVICES PROVIDED TO TREAT URGENT NEED		
MH Program ¹	Service Type ²	Date(s) - (For subsequent reports, note all dates of service since last report)

SERVICES PLANNED TO TREAT URGENT NEED		
MH Program ¹	Service Type ²	Attempts to Initiate Services or Next Scheduled Date of Service

¹ Mental Health Program			
CoLo	Co-Located Services	PEI	PEI
FCCS	Field Capable Clinical Services	TBS	Therapeutic Behavioral Services
FSP	Full Service Partnership	TFC	Treatment Foster Care
FP	MHS for DCFS Family Preservation	Wrap	Wraparound
IFCCS	Intensive Field Capable Clinical Services	Other	Please Specify
MAT	MAT		

² Service Type			
IP	Acute Inpatient	IHBS	Intensive Home Based Services
CI	Crisis Intervention	MSS	Medication Support
CS	Crisis Stabilization	OC	Outpatient-Clinic (MHS/TCM)
DR	Day Rehabilitation	OF	Outpatient- Field (MHS/TCM)
DTI	Day Treatment Intensive	Res	Residential
ICC	Intensive Care Coordination	Other	Please Specify

Comments:	
<input type="checkbox"/> Referral to Other Mental Health Agency Agency Name: _____	Date: _____ Phone Number: _____
<input type="checkbox"/> Services Discontinued	Date: _____
Client Continues to Need Urgent Mental Health Services See back of form for DCFS definition of Urgent.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Status/Progress (Document information necessary to coordinate care): _____ _____ _____	

Primary Contact (Print Name)	Signature & Discipline/Title	Date	Phone Number
Supervisor Name & Discipline/Title	Date	Phone Number	

This form was emailed to the DCFS dedicated email address (Urgent-MH@dcsf.lacounty.gov).
 (Directly-operated programs must use [Secure] email. If Contract Providers do not have secure email, they may fax the form to the DCFS Torrance office at (310) 782-3479)

By (Name and Title):	Date:
Telephone Number:	Email Address:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:	ID#:
Agency:	Provider #:
Los Angeles County – Department of Mental Health	

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- Purpose:** To assist in the communication between DMH and DCFS of services and progress critical to the wellbeing of children requiring urgent mental health services.
- DCFS Definition of Urgent:** This situation typically involves children who have recently been subjected to abuse, chronic neglect, or other traumatic events, and who, because of these experiences, have significant emotional and/or behavioral problems that must be addressed promptly for their safety and well-being.
- Recording Procedure:** The form must be completed and faxed to DCFS on a weekly basis for clients who are in need of urgent mental health services. Once clients are no longer in need of urgent mental health services, the form is no longer required; however, collaboration with DCFS is encouraged for the purpose of coordination of care.
- Emailing Protected Health Information:** DMH directly-operated programs must use the Department [Secure] Messaging System in accordance with Department Policy. Contractors must ensure that any email sent with Protected Health Information (PHI) is done in a HIPAA compliant manner. If they do not have a secure email method, the fax number may be utilized to fax the form.
- Filing Procedure for Directly Operated:** This form should be filed sequentially by date (most recent on top) in the Assessment/Plan section of the clinical record.